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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

**First Semester** February 15 to State Superintendent

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

DUE February 1 to County Superintendent **DATES:** COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 11 Dawson 0206 Glendive Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 70 1 1 20 1.57 72 None 70 1 10 100 0.95 18 08/01/05 70 10a 0.95 08/01/05 1 11 18 100 11 1.57 72 1 1a None 70 2 72 84 1.57 08/01/05 70 1 3 59 1.57 72 08/01/05 4 70 1 55 1.57 72 08/01/05 70 4a 7 1.57 72 08/01/05 1 70 5 30 72 1.57 08/05/05 1 72 100 5a 6 1.57 08/05/05 70 6 21 1.57 72 None 1 7 72 70 1 6a 1.57 None 70 7 30 72 08/01/05 1 1.57 100 13.8 1.57 72 08/01/05 7a 1 100 7b 12 72 08/01/05 1.57 70 1 8 78 1.36 65 08/01/05 9 100 30 72 08/01/05 1 1.57 100 Noon K1 9 0.95 16 08/01/05

08/01/05

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Noon K2

Noon K3

Spec Ed 1

Spec Ed 2

Spec Ed 2a

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11

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0.95

0.95

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16

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

30

30

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Spec Ed 1

Spec Ed 2

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0.95

0.95

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 11 Dawson 0207 Dawson H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 30 CO 1 20 1.57 72 None 30 CO 10 100 0.95 18 08/01/05 30 CO 10a 0.95 08/01/05 11 18 2 30 CO 84 1.57 72 08/01/05 3 59 72 30 CO 1.57 08/01/05 30 CO 4 55 1.57 72 08/01/05 7 30 CO 4a 1.57 72 08/01/05 30 5 30 1.57 72 08/05/05 CO 72 30 CO 6 21 1.57 None 7 72 30 CO 6a 1.57 None 30 CO 7 30 1.57 72 08/01/05 8 30 CO 78 1.36 65 08/01/05

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24

08/01/05

08/01/05

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE	
DATES	

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DUE DATES:	rebluary 1 to County Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning			,	20 and e	ending	<b>,</b>	20	
				month	day			month da		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:	ounty: District:					District Level:				
11 Daws	son		0227 Richey Elem					Elemer	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
40	78J	1		132	0.95	35	08/15/05			
55	78J	2		103.8	0.95	35	08/09/05			
75	78J	3		110	0.95	33	08/15/05			
			,		•		•			

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

## **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0228 Richey H S **High School** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Operated Social Security # # Inspection 60 2 1 132 0.95 35 08/15/05 2 2 45 103.8 0.95 35 08/09/05 2 25 3 110 0.95 33 08/15/05

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